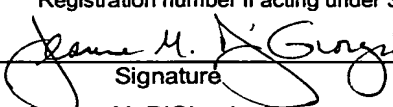




|   |            |   |           |
|---|------------|---|-----------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)<br/>FY 2006</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |            | <b>Docket Number (Optional)</b><br>CPI-042CN2 |           |
| <b>Application Number</b> 10/728,019-Conf. #8027  |            | <b>Filed</b> December 3, 2003                 |           |
| <b>For</b> METHOD AND PRODUCT FOR REGULATING APOPTOSIS  |            |   |           |
| <b>Art Unit</b> 1642  |            | <b>Examiner</b> Davis, Minh Tam B.            |           |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): |            |   |           |
|   | <u>Fee</u> | <u>Small Entity Fee</u>                       |           |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$120      | \$60  | \$ _____  |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$450      | \$225   | \$ _____  |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1020     | \$510   | \$ _____  |
| <input checked="" type="checkbox"/> Four months (37 CFR 1.17(a)(4))   | \$1590     | \$795   | \$ 795.00 |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2160     | \$1080  | \$ _____  |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.  |            |   |           |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |            |   |           |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |            |   |           |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.   |            |   |           |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>12-0080</u> .   |            |   |           |
| I am the <input type="checkbox"/> applicant/inventor.   |            |   |           |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |            |   |           |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>41,710</u>  |            |   |           |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 _____  |            |   |           |
| <br>_____<br>Signature   |            | <u>March 12, 2007</u><br>Date                 |           |
| Jeanne M. DiGiorgio, Esq.<br>For Debra J. Milasincic, Reg. No. 46,931<br>_____<br>Typed or printed name   |            | <u>(617) 227-7400</u><br>Telephone Number     |           |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |            |   |           |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted.   |            |   |           |

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|  |  |                          |                        |
|--|--|--------------------------|------------------------|
| <b>Effective on 12/08/2004.</b><br>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).<br><b>FEE TRANSMITTAL</b><br><b>For FY 2006</b> |  | <b>Complete if Known</b> |                        |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |  | Application Number       | 10/728,019-Conf. #8027 |
| <b>TOTAL AMOUNT OF PAYMENT</b> (\$) 225.00   |  | Filing Date              | December 3, 2003       |
|  |  | First Named Inventor     | Gary L. JOHNSON        |
|  |  | Examiner Name            | Davis, Minh Tam B.     |
|  |  | Art Unit                 | 1642                   |
|  |  | Attorney Docket No.      | CPI-042CN2             |

**METHOD OF PAYMENT** (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |                |
| Utility          | 300         | 150                   | 500         | 250                   | 200              | 100                   |                |
| Design           | 200         | 100                   | 100         | 50                    | 130              | 65                    |                |
| Plant            | 200         | 100                   | 300         | 150                   | 160              | 80                    |                |
| Reissue          | 300         | 150                   | 500         | 250                   | 600              | 300                   |                |
| Provisional      | 200         | 100                   | 0           | 0                     | 0                | 0                     |                |

**2. EXCESS CLAIM FEES**

| Fee Description                                    | Small Entity Fee (\$) | Fee (\$) |
|--|-----------------------|----------|
| Each claim over 20 (including Reissues)            | 50                    | 25       |
| Each independent claim over 3 (including Reissues) | 200                   | 100      |
| Multiple dependent claims                          | 360                   | 180      |

**Total Claims**    **Extra Claims**    **Fee (\$)**    **Fee Paid (\$)**

\_\_\_\_\_ - 20 = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20.

**Indep. Claims**    **Extra Claims**    **Fee (\$)**    **Fee Paid (\$)**

\_\_\_\_\_ - 3 = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof      | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|---|----------|---------------|
| _____        | _____        | _____ / 50 _____ (round up to a whole number) x _____ | _____    | _____         |

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 2254 Extension for response within fourth month 795.00

|                     |  |                                   |                |
|---------------------|--|-----------------------------------|----------------|
| <b>SUBMITTED BY</b> |  |                                   |                |
| Signature           | <u>Jeanne M. DiGiorgio</u>   | Registration No. (Attorney/Agent) | 41,710         |
| Name (Print/Type)   | <u>Jeanne M. DiGiorgio, Esq.</u><br><u>For Debra J. Milasincic, Esq. Reg. No. 46,931</u> | Telephone                         | (617) 227-7400 |
|                     |  | Date                              | March 12, 2007 |